

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578 259

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	4					
12	1					
13	1					
14	2					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	3					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	3					
31	1					
32	1					
33	1					
34	1					
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37						
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41						
42						
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47						
48						
49						
50						
TOTAL IND.	27	↓	24	↓		↓
TOTAL DEP.	15	←	15	←		←
TOTAL CLAIMS	42		39			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						↓
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	↓